

SECRETARY OF THE SENATE  
10 JUN 21 AM 8:17

1/3

**48 HOURS NOTICE OF  
CONTRIBUTIONS/LOANS RECEIVED**

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

**1. NAME OF COMMITTEE IN FULL**

FRIENDS OF MIKE LEE INC.

**ADDRESS (number and street)**

190 WEST 800 NORTH STE 100

06/19/10

**CITY, STATE, and ZIP CODE**

PROVO

UT

84601

**2. NAME OF CANDIDATE**

MIKE LEE

**3. OFFICE SOUGHT (State and District)**

Senate UT

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

**4. FEC IDENTIFICATION NUMBER**  
C00473827

Tot

06/19/10

<b>SIGNATURE(Optional)</b> LYNN GILBERT		<b>DATE</b>	<b>For further information contact:</b> Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100

FE1AN053.PDF

**FEC FORM 6**  
(Revised 1/2001)

10020412068

SECRETARY OF THE 213 ATT

10 JUN 21 AM 8:17

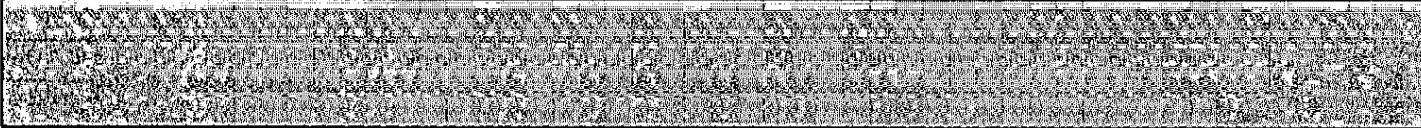
**FEC FORM 6 - 48 HOUR NOTICE OF CONTRIBUTIONS / LOANS**

(continuation page)

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**Name of Individual, Organization, or Corporation**

FRIENDS OF MIKE LEE INC.

<b>Full Name, Address, and ZIP Code</b> BENJAMIN BURR 176 S 920 E AMERICAN FORK UT 84003	<b>Name of Employer</b> SCHOOL LUNCH CHOICE  <b>Occupation</b> OWNER	<b>Date (month, day, year)</b> 06/18/2010	<b>Amount Received this Period</b> 2400.00
<b>Full Name, Address, and ZIP Code</b> BENJAMIN BURR 176 S 920 E AMERICAN FORK UT 84003	<b>Name of Employer</b> SCHOOL LUNCH CHOICE  <b>Occupation</b> OWNER	<b>Date (month, day, year)</b> 06/18/2010	<b>Amount Received this Period</b> 1600.00
<b>Full Name, Address, and ZIP Code</b> DARRYL CHRISTENSEN 270 SOUTH 1060 WEST LINDON UT 84042	<b>Name of Employer</b> INTERMOUNTAIN TURBINE  <b>Occupation</b> OWNER	<b>Date (month, day, year)</b> 06/17/2010	<b>Amount Received this Period</b> 1000.00
<b>Full Name, Address, and ZIP Code</b> JOSEPH CRESCIO 8785 S TROPICAL TRAIL MERRITT ISLAND FL 32952	<b>Name of Employer</b> RETIRED  <b>Occupation</b> RETIRED	<b>Date (month, day, year)</b> 06/18/2010	<b>Amount Received this Period</b> 1000.00
<b>Full Name, Address, and ZIP Code</b> GINA DAINES 12402 E 6200 S HOLLADAY UT 84121	<b>Name of Employer</b>   <b>Occupation</b>	<b>Date (month, day, year)</b> 06/17/2010	<b>Amount Received this Period</b> 2400.00
<b>Full Name, Address, and ZIP Code</b> MCKAY DAINES 12402 E 6200 S HOLLADAY UT 84121	<b>Name of Employer</b>   <b>Occupation</b>	<b>Date (month, day, year)</b> 06/17/2010	<b>Amount Received this Period</b> 2400.00
<b>Full Name, Address, and ZIP Code</b> AMBER GAY 9555 S 1380 E SANDY UT 84092	<b>Name of Employer</b>   <b>Occupation</b>	<b>Date (month, day, year)</b> 06/17/2010	<b>Amount Received this Period</b> 2400.00
<b>Full Name, Address, and ZIP Code</b> BODEE GAY 9555 S 1380 E SANDY UT 84092	<b>Name of Employer</b>   <b>Occupation</b>	<b>Date (month, day, year)</b> 06/17/2010	<b>Amount Received this Period</b> 2400.00
			
<b>TOTAL THIS PERIOD (last page only)</b>			

10020412069

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**FEC FORM 6 - 48 HOUR NOTICE OF CONTRIBUTIONS / LOANS**

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**Name of Individual, Organization, or Corporation**

FRIENDS OF MIKE LEE INC.

Full Name, Address, and ZIP Code PHILLIP HOOPES TRENDLAND COVE SANDY UT 84092	Name of Employer HOOPES VISION	Date (month, day, year) 06/17/2010	Amount Received this Period 1000.00
	Occupation SURGEON		
Full Name, Address, and ZIP Code BARRY JOHNSON 3165 E MILLROCK DR SALT LAKE CITY UT 84121	Name of Employer	Date (month, day, year) 06/18/2010	Amount Received this Period 1500.00
	Occupation		
Full Name, Address, and ZIP Code EDWARD JOHNSON 1151 BLOOMINGTON DR NORTH ST. GEORGE UT 84790	Name of Employer THE TAX CLUB	Date (month, day, year) 06/17/2010	Amount Received this Period 2400.00
	Occupation MANAGEMENT		
Full Name, Address, and ZIP Code EVAN PERRY 3174 N COTTONWOOD LANE PROVO UT 84604	Name of Employer SELF	Date (month, day, year) 06/18/2010	Amount Received this Period 1000.00
	Occupation DENTIST		
Full Name, Address, and ZIP Code JOEL SYBROWSKY 545 E 4020 N PROVO UT 84604	Name of Employer ZIONS HOSPITALITY MANAGEMENT	Date (month, day, year) 06/18/2010	Amount Received this Period 2400.00
	Occupation PRESIDENT		
Full Name, Address, and ZIP Code JOEL SYBROWSKY 545 E 4020 N PROVO UT 84604	Name of Employer ZIONS HOSPITALITY MANAGEMENT	Date (month, day, year) 06/18/2010	Amount Received this Period 2400.00
	Occupation PRESIDENT		

**TOTAL THIS PERIOD (last page only)****26300.00**

10020412070

NANCY ERICKSON  
SECRETARY

DANA K. MCCALLUM  
SUPERINTENDENT

HART SENATE OFFICE BUILDING  
SUITE 232  
WASHINGTON, DC 20510-7116  
PHONE: (202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

## OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS \_\_\_\_\_

☐

UPS \_\_\_\_\_

☐

DHL \_\_\_\_\_

☐

AIRBORNE EXPRESS \_\_\_\_\_

☐

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

POSTMARK ILLEGIBLE ☐

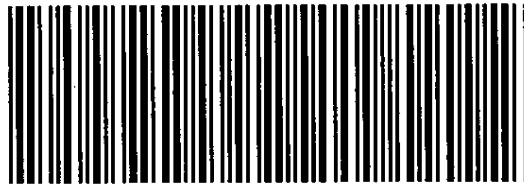
NO POSTMARK ☐

FAX **06-21-10**  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER **RD** DATE PREPARED **06-21-10**

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